



# Exemplary Practices Compendium for Public Health in Washington State

December 2008

**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER WASHINGTON

# Introduction

In 2008, the Department of Health and the Washington State Association of Local Public Health Officials (WSALPHO) conducted the third performance review cycle of local health jurisdictions (LHJs) and selected state level DOH programs using the Standards for Public Health in Washington State. As part of the review process, the reviewers collected potential exemplary practices that demonstrate the Standards. As in the 2002 Baseline Review and the 2005 Performance Review, examples of potential exemplary practices were requested from the 34 LHJs, 20 DOH programs and the State Board of Health in order to create the Exemplary Practices Compendium for the Washington State public health system. In excess of 800 documents were collected and evaluated against specific criteria. Five criteria were used to identify exemplary practices:

- Optimally demonstrates at least one of the requirements of a measure,
- Timely and/or current,
- Concise and easy-to-use,
- Adaptable to other DOH programs or LHJs, and
- Available electronically.

More than 350 documents met the criteria for exemplary practice. They are included in the compendium as linked documents and organized by the performance measure(s) which they address.

One of the most effective strategies for system improvement is the use of best practices, work processes proven to achieve better results, to improve areas of lower performance. In order to improve a system's performance, it is important to identify where standardization benefits the system, in other words, where consistency results in more effective work processes and improved outcomes (reduction of unintended variation). It is also important to maintain customization (intended variation) to address different needs in populations and communities. The appropriate balance of standardization and customization is required to achieve high performance in all parts of a system.

The electronic Exemplary Practices Compendium provides almost instant access to all the exemplary practice documents for all programs and jurisdictions. Leaders and staff have the ability, and the responsibility, to adapt and adopt these exemplary practices where they will improve and standardize the practice of public health in Washington State.

## HOW TO USE THESE MATERIALS

To use this compendium, identify the specific measure or measures for which you want to review documentation, find that measure in the appropriate column of this form and use the links or document title and source found in the last column to view the document. The user is also encouraged to review documents from other parts of the public health system, such as LHJs adapting state program documentation and vice versa.

A few caveats about the contents of this compendium. These exemplary practice documents do not represent all or even the majority of the good models or best practices that are conducted in public health sites in Washington State. The documentation was selected by each

site, and only examples of documentation were requested. A small percentage of documentation that was requested by the consultants was not submitted for evaluation, and therefore is not included in this compendium.

Notes on the organization of this compendium: In the interest of promoting “cross-pollination,” this compendium is a combination of the exemplary practices identified for LHJs, DOH programs and the State Board of Health.

- Where the language of a measure is unique to either the local or state level, the measure is stated as a stand-alone segment and its corresponding documents are separate (an example is 2.4L and 2.4S).
- Where the language or purpose of a measure is fundamentally the same for both local and state, the measure numbers are noted together (see 1.1 L/S). The compiled documents are combined.
- Where the language or purpose of local and state measures is fundamentally the same, but the measure numbers do not readily correspond, the measure numbers are stated with a reference to the correlated measure (see 4.4L and 4.9S). The compiled documents are combined in each location.

## CONTINUOUS IMPROVEMENT OF THE COMPENIDUM

This is the third version of the documentation of public health exemplary practices. Over time, other documents should be added to continue to build and improve this valuable tool for improving the public health system and ultimately the health of the citizens of Washington State. The reviewers had a unique opportunity to visit every local health jurisdiction and many state level programs. Their observation is that ***“the public health system that can fully demonstrate almost every performance measure in the Washington Standards for Public Health does exist; it just doesn’t exist in any single jurisdiction or state level program at this time.”***

Alternative (modifiable) formats are available of select documents. To request these, please send an e-mail to [phip@doh.wa.gov](mailto:phip@doh.wa.gov).

## STANDARD 1: COMMUNITY HEALTH ASSESSMENT

Data about community health, environmental health risks, health disparities, and access to critical health services are collected, tracked, analyzed, and utilized along with review of evidence-based practices to support health policy and program decisions.

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>1.1S</b>	Health data, including a set of core indicators that includes data about population health status, communicable disease, environmental health risks and related illness, health disparities, and access to critical health services, are updated at least every other year and used as the basis for continuous tracking of the health status of the population. Some data sets may have less frequent updates available but should still be included for review as part of an annual health data report. Health data include quantitative data with standard definitions and standardized measures as well as qualitative data.	<b>1.1L</b>	Local health data, including a set of core indicators that includes data about population health status, communicable disease, environmental health risks and related illness, health disparities, and access to critical health services, are updated at least every other year and used as the basis for continuous tracking of the health status of the population. Some data sets may have less frequent updates available but should still be included for review as part of an annual health data report. Health data include quantitative data with standard definitions and standardized measures as well as qualitative data.	<a href="#">Health of King County 2006</a> <a href="#">Snohomish Final Indicators</a> <a href="#">Tacoma Pierce Interpretation of LBW data</a> <a href="#">Whatcom Report on STD</a> <a href="#">Clark 2006 Community Report Card</a> <a href="#">Grant 2007 Oral Health Parent Focus Group Results</a> <a href="#">Grays Harbor Strategic Plan for Preventing &amp; Reducing Infectious Disease</a> <a href="#">Kittitas County 2007 Analysis of Key Health Indicator</a> <a href="#">Mason Health Status 2006</a> <a href="#">The Health of Washington State Dec 2007</a> <a href="#">WIC Listens Project Report Oct 2007</a>
<b>1.2S</b>	There is a planned, systematic process in which these health data are tracked over time and analyzed, along with review of evidence-based practices, to: <ul style="list-style-type: none"> <li>• Signal changes in health disparities and priority health issues</li> <li>• Identify emerging health issues</li> <li>• Identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts</li> <li>• Perform gap analyses comparing existing services to projected need for services (these may be statewide or regional)</li> </ul>	<b>1.2L</b>	There is a planned, systematic process in which these health data are tracked over time and analyzed, along with review of evidence-based practices, to: <ul style="list-style-type: none"> <li>• Signal changes in health disparities and priority health issues</li> <li>• Identify emerging health issues</li> <li>• Identify implications for changes in communicable disease or environmental health investigation, intervention, or education efforts</li> <li>• Perform gap analyses comparing existing services to projected need for services</li> <li>• Develop recommendations for policy</li> </ul>	<a href="#">Snohomish Review of Nutrition Labeling</a> <a href="#">Spokane Immunization Assessment</a> <a href="#">Whatcom Children with Special Health Care Needs Program</a> <a href="#">Grays Harbor Community Plan</a> <a href="#">HWS Author Manual Oct 2006</a>

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
	<ul style="list-style-type: none"> <li>Develop recommendations for policy decisions, program changes, or other actions</li> </ul>		decisions, program changes, or other actions	
<b>1.3S</b>	There is written documentation that the health data analysis above results in the development of recommendations regarding health policy and program development. There is written documentation that shows what health data was used to guide health policy decisions. LHJs are involved in development of state-level recommendations that affect local operations.	<b>1.3L</b>	There is written documentation that the health data analysis above results in the development of recommendations regarding health policy and program development. There is written documentation that shows what health data was used to guide health policy decisions.	<a href="#">Spokane Post Project Senior Community Health Assessment</a> <a href="#">Jefferson Road Show Improving Health by Reducing Adverse Childhood Experiences</a> <a href="#">PHSKC BOH Staff Report</a> <a href="#">Washington State Injury and Violence Prevention Guide April 2008</a>
<b>1.4S</b>	Coordination with LHJs and other key stakeholders is provided in the development and use of statewide health indicators and data standards including definitions and descriptions.	<b>1.4L</b>	A process is in place to assure that local health data are shared with appropriate local, state, and regional organizations.	<a href="#">Partnering on Environmental Health Indicators in Clark County</a> <a href="#">Grays Harbor Key Health Indicators 27 Fast Answers</a>
<b>1.5S</b>	Written descriptions are maintained and disseminated for how to obtain consultation and technical assistance for LHJs or state programs regarding health data collection and analysis; written documentation demonstrates that consultation and technical assistance have been provided.	<b>1.5L</b>	There is a written description of how and where community members and stakeholders may obtain technical assistance from the LHJ on assessment issues.	<a href="#">Snohomish Health Statistics and Assessment Brochure</a> <a href="#">Tacoma Pierce Public Health Data Site</a> <a href="#">Excerpts from Technical Assistance Log</a> <a href="#">DOH Food Safety Program Contacts</a>



Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>1.6S</b>	Statewide or regional assessment meetings and trainings are convened to expand available assessment expertise and provide a forum for peer learning and exchange on the practice of community health assessment. Meeting content and attendance is documented.	<b>1.6L</b>	LHJ staff responsible for assessment activities participate in statewide or regional assessment meetings and trainings to expand available assessment expertise. Attendance is documented.	<a href="#">Chelan-Douglas Qualitative Methods Training 2007</a>
<b>1.7S</b>	Statewide health indicators are tracked at the county and state levels. DOH provides a report to LHJs and other stakeholders at least every other year that contains trend analysis over time.		No corresponding measure	No exemplary practices
<b>1.8S</b>	Reports about new or emerging issues that contribute to health policy choices are routinely developed and disseminated. Reports include information about evidence- based practices in addressing health issues.		No corresponding measure	No exemplary practices
<b>1.9S</b>	When appropriate there is collaboration with outside researchers engaging in research activities that benefit the health of the community including: <ul style="list-style-type: none"> <li>• Identification of appropriate populations, geographic areas, or partners</li> <li>• Active involvement of the LHJ and/or community</li> <li>• Provision of data and expertise to support research</li> <li>• Facilitation of efforts to share research findings with state stakeholders, the community, governing bodies, and policy makers</li> </ul>	<b>1.7L</b>	When appropriate there is collaboration with outside researchers engaging in research activities that benefit the health of the community.	<a href="#">Snohomish Address Disparities Prenatal Care</a> <a href="#">PHSKC Healthy Homes Info</a> <a href="#">Diabetes Collaborative Evaluation Feb 2006</a>

## STANDARD 2: COMMUNICATION TO THE PUBLIC AND KEY STAKEHOLDERS

Public information is a planned component of all public health programs and activities. Urgent public health messages are communicated quickly and clearly.

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>2.1S</b>	Communication activities include increasing public understanding of the mission and role of public health.	<b>2.1L</b>	Communication activities include increasing public understanding of the mission and role of public health.	<a href="#">Grant Public Health And You</a> <a href="#">PHSKC Day in the life What is Public Health.pub</a> <a href="#">Spokane Chinese Handouts 2-08</a> <a href="#">Okanogan Public Health Outreach</a> <a href="#">Garfield County Health District brochure 2005</a>
<b>2.2S</b>	Current information is provided to LHJs and/or the public on how to contact DOH to report a public health emergency or environmental health risk 24 hours per day. Phone numbers for weekday and after-hours emergency contacts are available to law enforcement and appropriate state agencies. Phone numbers for after-hours contacts for all local and state public health jurisdictions are updated and disseminated statewide at least annually.	<b>2.2L</b>	Current information is provided to the public on how to contact the LHJ to report a public health emergency or environmental health risk 24 hours per day. Phone numbers for weekday and after-hours emergency contacts are available to law enforcement and appropriate local agencies and organizations, such as tribal governments, schools, and hospitals.	No exemplary practices
<b>2.3S</b>	A communication system is maintained for rapid dissemination of urgent public health messages to the media, LHJs, other state and federal/national agencies, and key stakeholders. State-issued announcements are shared with LHJs in a timely manner.	<b>2.3L</b>	Urgent information is provided through public health alerts to the media and to key stakeholders.	<a href="#">Grays Harbor Letter to Local Health Care Providers</a>

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>2.4S</b>	Consultation and technical assistance is provided to LHJs to assure the accuracy and clarity of public health information associated with an outbreak, environmental health event, or other public health emergency; written documentation demonstrates that consultation and technical assistance have been provided.		No corresponding measure	<a href="#">SECURES Alert on December 6</a>
	No corresponding measure	<b>2.4L</b>	A current contact list of media and key stakeholders is maintained, updated at least annually, and available to staff as part of the Emergency Response Plan and/or at appropriate departmental locations.	<a href="#">Okanogan Public Health Response Protocol</a>
<b>2.5S</b>	Roles are identified for working with the news media; written statements identify the timeframes for communications and the expectations for all staff regarding information-sharing and response to questions.	<b>2.5L</b>	Roles are identified for working with the news media; written statements identify the timeframes for communications and the expectations for all staff regarding information-sharing and response to questions.	<a href="#">Lincoln County Media Tips Guide</a> <a href="#">Kitsap News Media Relations</a> <a href="#">Jefferson County Risk Communication</a> <a href="#">Asotin P&amp;P on Writing Health Alerts and Media Releases</a> <a href="#">Snohomish Media Tips Guide</a> <a href="#">PHSKC Media-Tips</a> <a href="#">Memo Re Sharing Information</a> <a href="#">Lincoln P&amp;P Communications with the Media</a>
<b>2.6S</b>	Written directions outline the steps for creating and distributing clear and accurate public health alerts and media releases.	<b>2.6L</b>	Written directions outline the steps for creating and distributing clear and accurate public health alerts and media releases.	<a href="#">Snohomish Media Releases Tips Sheet</a> <a href="#">Grant Risk Communications Training</a> <a href="#">PHSKC Template for News Release</a>
<b>2.7S</b>	Readily available public information includes health data, information on environmental health risks, communicable disease, and other	<b>2.7L</b>	Readily available public information includes health data, information on environmental health risks, communicable disease and other	<a href="#">Benton Franklin Newsletter Hot Off the Grill</a> <a href="#">Health Advisory manual web</a> <a href="#">Mason Flood Health Concerns</a>



Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
	threats to the public's health.		threats to the public's health as well as information regarding access to the local health system, healthcare providers, and prevention resources.	
<b>2.8S</b>	Information is available about public health activities, including educational offerings, reporting and compliance requirements, through brochures, flyers, newsletters, websites, or other mechanisms.	<b>2.8L</b>	Information is available about public health activities, including educational offerings, reporting and compliance requirements, through brochures, flyers, newsletters, websites, or other mechanisms.	<a href="#">Jefferson Service News Winter 2008</a> <a href="#">Okanogan Food Newsletter</a> <a href="#">TPCHD Food Safety Site</a> <a href="#">TPCHD Smoking Complaint Form</a> <a href="#">BFHD Newsletter Hot Off the Grill</a> <a href="#">Chelan-Douglas Dec Food Newsletter.pub</a> <a href="#">Chelan-Douglas January 2007 CD Newsletter</a> <a href="#">Clallam County On-site Septic System (OSS) Work Group</a> <a href="#">Imm Newsletter fall</a> <a href="#">ZD Newsletter Lepto Reporting 2007_11</a> <a href="#">CD-EP Reporting Requirement Posters Aug 2007</a>
<b>2.9S</b>	Written policies, permit/license application requirements, administrative code, and enabling laws are available to the public.	<b>2.9L</b>	Written policies, local ordinances, permit/license application requirements, administrative code, and enabling laws are available to the public.	<a href="#">Spokane Site</a> <a href="#">BFHD WEB Public Food Service</a> <a href="#">PHSKC Health Providers Epidemiology Reporting</a> <a href="#">Jefferson PH Site</a> <a href="#">Aquatic Mosquito Control General Permit webpage</a>
<b>2.10</b>	Public materials and/or interpretation assistance address diverse populations, languages, and literacy, as needed.	<b>2.10L</b>	Public materials and/or interpretation assistance address diverse local populations, languages, and literacy, as needed.	<a href="#">Mason flood health concerns</a> <a href="#">Clark Language Line Quick Reference Guide</a> <a href="#">Snohomish New FWC spanish tb</a> <a href="#">Spanish Audience Brochure</a> <a href="#">Ethnomed (09-07)</a>

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
	No corresponding measure	<b>2.11L</b>	LHJ staff and contractors have a local resource/referral list of private and public communicable disease treatment providers, providers of critical health services, and providers of preventive services for the staff and community to use in making referrals.	<a href="#">PHSKC Resources-For-Schools</a> <a href="#">Klickitat Teen brochure</a>

### STANDARD 3: COMMUNITY INVOLVEMENT

Active involvement of community members and development of collaborative partnerships address community health risks and issues, prevention priorities, health disparities, and gaps in healthcare resources/critical health services.

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>3.1S</b>	There is documentation of community and stakeholder involvement in the process of reviewing health data and the set of core indicators and recommending action such as: <ul style="list-style-type: none"> <li>• Further investigation</li> <li>• New program efforts</li> <li>• Policy direction</li> <li>• Prevention priorities</li> </ul>	<b>3.1L</b>	There is documentation of community and stakeholder involvement in the process of reviewing the local health data and set of core indicators and recommending action such as: <ul style="list-style-type: none"> <li>• Further investigation</li> <li>• New program efforts</li> <li>• Policy direction</li> <li>• Prevention priorities</li> </ul>	<a href="#">PHSKC West Nile Virus Interagency Work Group Minutes</a> <a href="#">Mason TPC- Public Version of Strategic Plan</a> <a href="#">Yakima Notifiable Conditions CD Presentation 2006</a> <a href="#">Clallam OSS Work Group Minutes Meeting materials Septic.htm</a> <a href="#">PHSKC HIV-AIDS Final Report and Recs 2008 Plan Update Draft</a>
<b>3.2S</b>	Current analysis of gaps in critical health services, gaps in prevention services, and results of program evaluations are reported to LHJs; appropriate state, regional, and/or local stakeholders; and/or to state level colleagues and used in building partnerships.	<b>3.2L</b>	Current analysis of gaps in local critical health services, gaps in prevention services, and results of program evaluations are reported to local stakeholders and/or to colleagues in other communities, regional partners, and statewide program colleagues and used in building partnerships.	<a href="#">PHSKC IMPN Antioch University 9-8-07</a> <a href="#">PHSKC Indicators 1-17-08</a> <a href="#">Clark Provider Survey and Evaluation of Notifiable Conditions Presentation</a> <a href="#">PSP Sound Health, Sound Future</a> <a href="#">The Health of Washington State 2007 Dec 2007</a> <a href="#">Health Care Presentation July 11</a> <a href="#">PS GMAP September 2007 Updates</a>
<b>3.3S</b>	DOH collects information about successful community involvement and capacity building. These examples are shared with other DOH programs, LHJs, and stakeholders.		No corresponding measure	No exemplary practices

#### STANDARD 4: MONITORING AND REPORTING THREATS TO THE PUBLIC'S HEALTH

A monitoring and reporting process is maintained to identify emerging threats to the public's health. Investigation and control procedures are in place and actions documented. Compliance with regulations is sought through education, information, investigation, permit/license conditions, and appropriate enforcement actions.

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>4.1S</b>	Health care providers and labs, including new licensees, are provided with information on notifiable conditions, timeframes, and specific, current 24-hour DOH contact information in the form of a designated telephone line or a designated contact person.	<b>4.1L</b>	Health care providers and labs, including new licensees, are provided with information on notifiable conditions, timeframes, and specific, current 24-hour LHJ contact information in the form of a designated telephone line or a designated contact person.	<a href="#">Clark Notifiable Conditions Provider letter with attachments</a> <a href="#">Yakima HCP Notebook Complete</a> <a href="#">Clallam CCHHS Region 2 Resources Manual for Providers</a> <a href="#">Clark Notifiable Conditions Provider letter with attachments 2</a>
<b>4.2S</b>	Clinical labs are provided written protocols for the handling, storage, and transportation of specimens.		No corresponding measure	No exemplary practices
	No corresponding measure	<b>4.2L</b>	Health care providers receive information, through newsletters and other methods, about managing reportable conditions.	<a href="#">Clallam Region 2 PH for the Peninsulas newsletters July 07</a> <a href="#">Clallam Region 2 PH for the Peninsulas newsletters March 07</a> <a href="#">Clark Pertussis-Chickenpox Advisory</a> <a href="#">Clallam Region 2 PH for the Peninsulas newsletter October 07</a>
<b>4.3S</b>	Written procedures describe how expanded lab capacity is made readily available when needed for outbreak response, and there is a current list of labs having the capacity to analyze specimens.		No corresponding measure	No exemplary practices
	No corresponding measure	<b>4.3L</b>	There is a process for identifying new providers in the community and engaging them in the reporting process.	<a href="#">Lincoln LCHD 907 Policy for Identifying New Providers</a> <a href="#">Yakima Process For Updating The Medical Providers Database</a>

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
				<a href="#">Kittitas Identification of New Providers to Kittitas County P&amp;P</a>
	See <b>4.9S</b>	<b>4.4 L</b>	Written protocols are maintained for receiving and managing information on notifiable conditions and other public health concerns. The protocols include role-specific steps to take when receiving information as well as guidance on providing information to the public. There is a formal description of the roles and relationship between communicable disease, environmental health, and other programmatic activities.	<a href="#">CD, Epi Response &amp; CD Manual final 92903</a> <a href="#">Clallam CCHHS CD-100 Policy for Receiving and Managing Information Grays Harbor Notifiable Conditions Manual Policy Statement</a> <a href="#">Jefferson 408 Policy for Guidelines for Notifiable Conditions Investigations and Reporting</a> <a href="#">Notifiable Conditions</a> <a href="#">Spokane SRHDCDManual</a> <a href="#">STD, STD Procedure based on Business process analysis</a> <a href="#">Asotin P&amp;P CD Notifiable Conditions</a> <a href="#">Other PH Concerns</a> <a href="#">BFHD NC Manual Feb-08 BFHD</a>
<b>4.4S</b>	Written procedures are maintained and disseminated for LHJs and other stakeholders regarding how to obtain state or federal consultation and technical assistance. Assistance includes monitoring, reporting, and disease intervention management during outbreaks, environmental health events, or other public health emergencies. Written documentation demonstrates that consultation and technical assistance have been provided.		No corresponding measure	<a href="#">Method for Tech Assistance</a>

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>4.5S</b>	A statewide database for notifiable conditions is maintained with uniform data standards and case definitions that are updated and published at least annually. Data are submitted to other state or federal agencies as required. Notifiable conditions data are summarized and disseminated to LHJs at least annually.	<b>4.5L</b>	A notifiable conditions tracking system documents the initial report, investigation, findings, and subsequent reporting to state and federal agencies.	<a href="#">Grays Harbor Notifiable Conditions Manual Tasks</a> <a href="#">Asotin Communicable Disease Tracking Form</a> <a href="#">Communicable Disease 2005 Annual Report</a> <a href="#">Communicable Disease 2006 Annual Report</a> <a href="#">TB Epidemic Cohort Review</a>
<b>4.6S</b>	DOH leads statewide development of a standardized set of written protocols for notifiable conditions and outbreak investigation and control. Condition-specific protocols identify information about the disease, case investigation steps (including timeframes for initiating investigations), reporting requirements, and contact and clinical management including referral to care. Evidence-based practices relating to the most effective population-based methods of disease prevention and control are provided to LHJs and other stakeholders for incorporation into protocols.	<b>4.6L</b>	Protocols identify information about specific conditions, case investigation steps (including timeframes for initiating the investigation), reporting requirements, and contact and clinical management including referral to care. Evidence-based practices relating to the most effective population-based methods of disease prevention and control are incorporated into protocols.	<a href="#">Chelan-Douglas outbreak response manual</a> <a href="#">Quick Start Checklist</a> <a href="#">Roadmap</a>
<b>4.7S</b>	A process is in place for the public to report public health concerns. Information is referred, tracked, and/or shared with appropriate local, state, tribal, regional lead, and federal/national agencies.	<b>4.7L</b>	A process is in place for the public to report public health concerns. Information is referred, tracked, and/or shared with appropriate local, state, tribal, regional lead, and federal/national agencies.	<a href="#">Chelan-Douglas SW Procedures</a> <a href="#">Citizen Concern-Complaint Form</a> <a href="#">Jefferson Policy for Handling Citizen Concerns and Complaints</a> <a href="#">Complaint Report Summary</a>



Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
	See <b>4.12S</b>	<b>4.8L</b>	A tracking system documents environmental health investigation/compliance activities from the initial report, through investigation, findings, and compliance action and subsequent reporting to state and federal agencies as required.	<a href="#">Asotin EH Incident Report Form</a>
<b>4.8S</b>	Model plans, documentation, and evaluation templates for response to disease outbreaks, environmental health events, or other public health emergencies are developed and disseminated to LHJs. Information about best practices in environmental health investigation/ compliance is gathered and disseminated, including protocols, time frames, interagency coordination steps, hearing procedures, citation issuance, and documentation requirements.		No corresponding measure	<a href="#">Model Plan for WNV Outbreak Response</a> <a href="#">Outbreak Investigation Roadmap</a> <a href="#">Contact Investigation Form</a> <a href="#">Contact Investigation distribution of guidance web</a>
<b>4.9S</b>	Written procedures delineate specific roles and responsibilities for DOH's response to disease outbreaks, environmental health events, or other public health emergencies. There is a formal description of the roles and relationship between communicable disease, environmental health, and other programmatic activities.		See <b>4.4L</b>	<a href="#">CD, Epi Response &amp; CD Manual 92903</a> <a href="#">Clallam CCHHS CD-100 Policy for Receiving and Managing Information</a> <a href="#">Grays Harbor Notifiable Conditions Manual Policy Statement</a> <a href="#">Jefferson 408 Policy for Guidelines for Notifiable Conditions Investigations and Reporting</a> <a href="#">Notifiable Conditions</a> <a href="#">Spokane SRHDCDManual</a> <a href="#">STD, STD Procedure based on Business process analysis</a> <a href="#">Asotin P&amp;P CD Notifiable Conditions</a> <a href="#">Other PH Concerns</a> <a href="#">BFHD NC Manual Feb-08 BFHD</a>

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>4.10S</b>	BOH and/or DOH lead statewide development of statutes and regulations that address notifiable conditions, environmental health risks, and other threats to the public's health.		No corresponding measure	No exemplary practices
<b>4.11S</b>	There are written procedures, which conform to state laws, to follow for DOH's investigation/compliance actions. The procedures specify case investigation steps (including timeframes for initiating the investigation) and the type of documentation needed to take an enforcement action.	<b>4.9L</b>	There are written procedures to follow for investigation/compliance actions. The procedures specify case investigation steps (including timeframes for initiating the investigation) and the type of documentation needed to take an enforcement action, based on local policies, ordinances, and state laws.	<a href="#">Garfield Food Enforcement Flow Chart</a> <a href="#">Grant GCHD Investigation of EH Complaints Policy</a> <a href="#">San Juan EH Enforcement Procedures</a> <a href="#">Walla Walla Clean Indoor Air Act Roadmap</a> <a href="#">Manual-Forms</a>
	No corresponding measure	<b>4.10L</b>	Protocols for the use of emergency biologics are available if needed.	<a href="#">Jefferson Policy for Guidelines for Handling Requests for Access to Emergency Biologics</a> <a href="#">Grays Harbor Notifiable Conditions Manual Introduction</a>
	No corresponding measure	<b>4.11L</b>	Protocols for exercising legal authority for disease control (including quarantine and non-voluntary isolation) are available if needed.	<a href="#">Jefferson Emergency Response Plan, Appendix II Tab C</a> <a href="#">Kittitas ERP—Appendix VII—Isolation and Quarantine Response Plan</a> <a href="#">Mason Legal Resource Document</a> <a href="#">PHSKC I Q Plan</a> <a href="#">Chelan-Douglas Isolation or Quarantine Legal Documents Process Chart</a> <a href="#">Walla Walla Isolation and Quarantine Manual</a> <a href="#">TPCHD Isolation and Quarantine Policy</a>

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>4.12S</b>	A tracking system documents DOH's investigation/compliance activities from the initial report, through investigation, findings, and compliance action and subsequent reporting to state and federal agencies as required.		See <b>4.8L</b>	<a href="#">Asotin EH Incident Report Form</a>

## STANDARD 5: PLANNING FOR AND RESPONDING TO PUBLIC HEALTH EMERGENCIES

Emergency preparedness and response plans and efforts delineate roles and responsibilities in regard to preparation, response, and restoration activities as well as services available in the event of communicable disease outbreaks, environmental health risks, natural disasters, and other events that threaten the health of people.

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>5.1S</b>	Written procedures are maintained and disseminated for how to obtain consultation and technical assistance regarding emergency preparedness for environmental health risks, natural disasters, or other threats to the public's health. Written documentation demonstrates that consultation and technical assistance have been provided.		No corresponding measure	No exemplary practices
	No corresponding measure	<b>5.1L</b>	A primary contact person(s) for health risk reporting purposes is clearly identified in emergent communications to health providers and appropriate public safety officials.	No exemplary practices
<b>5.2S</b>	Environmental health risks, communicable disease outbreaks, and other public health emergencies are included in the DOH public health emergency preparedness and response plan (EPRP). The EPRP describes the specific roles and responsibilities for DOH programs/staff regarding response and management of disease outbreaks, environmental health risks, natural disasters, or other threats to the public's health. The DOH EPRP includes a section that describes processes for exercising the plan, including after-action review and	<b>5.2L</b>	Environmental health risks, communicable disease outbreaks, and other public health emergencies are included in the local public health emergency preparedness and response plans (EPRP). The EPRP describes the specific roles and responsibilities for LHJ programs/staff regarding local response and management of disease outbreaks, environmental health risks, natural disasters, or other threats to the public's health. The LHJ EPRP includes a section that describes processes for exercising the plan, including after-action review and	<a href="#">San Juan Disaster Drill In Vaccination Clinic After Action Report</a> <a href="#">TPCHD Chicken Little After Action Report</a> <a href="#">Walla Walla PHEPR Plan</a> <a href="#">Whatcom Vista Middle School Point-of-Distribution Exercise</a> <a href="#">BFHD Emergency Response Plan 06-07</a>

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
	revisions of the plan. Drills, after-action reviews, and revisions, if necessary, are documented.		revisions of the plan. Drills, after-action reviews, and revisions, if necessary, are documented.	
<b>5.3S</b>	DOH leads state level public health emergency planning, exercises, and response/restoration activities and fully participates in planning, exercises, and response activities for other emergencies in the state that have public health implications.	<b>5.3L</b>	The LHJ leads community level public health emergency planning, exercises, and response/restoration activities and fully participates in planning, exercises, and response activities for other emergencies in the community that have public health implications.	<a href="#">PHSKC Healthcare Coalition 2007 Annual Report</a>
<b>5.4S</b>	Public health services that are essential for the public to access in different types of emergencies are identified. Public education and outreach include information on how to access these essential services.	<b>5.4L</b>	Public health services that are essential for the public to access in different types of emergencies are identified. Public education and outreach includes information on how to access these essential services.	<a href="#">Thurston Agency floods health issues Spokane Preparing For Pandemic Flu Booklet</a> <a href="#">Thurston Free Water Testing</a>
<b>5.5S</b>	New employees are oriented to the EPRP, and the EPRP is reviewed annually with all employees.	<b>5.5L</b>	New employees are oriented to the EPRP, and the EPRP is reviewed annually with all employees.	<a href="#">Garfield Staff Training Minutes</a>

## STANDARD 6: PREVENTION AND EDUCATION

Prevention and education is a planned component of all public health programs and activities. Examples include wellness/healthy behaviors promotion and healthy child and family development, as well as primary, secondary, and tertiary prevention of chronic disease/disability, communicable disease (food/water/air/waste/vector borne), and injuries. Prevention, health promotion, health education, and early intervention outreach services are provided.

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>6.1S</b>	Key components of programs and activities are identified and strategies developed for prevention and health education activities, whether provided to individuals, families, or the community, directly by DOH, LHJs or through contracts with community partners. Strategies are evidence-based or promising practices whenever possible.	<b>6.1L</b>	Key components of programs and activities are identified and strategies developed for prevention and health education activities, whether provided to individuals, families, or the community, directly by the LHJ or through contracts with community partners. Strategies are evidence-based or promising practices whenever possible.	<a href="#">STD FP Logic Model 2006</a> <a href="#">STD, STD Business Process Analysis</a> <a href="#">Jefferson 2007 Communicable Disease Performance Measures Plan</a> <a href="#">Jefferson 2007 Performance Measures Report CD</a> <a href="#">BFHD Food Program LCDF2006 Report</a> <a href="#">Chelan-Douglas Food Logic Model</a> <a href="#">Grant GCHD Closing the Gap Visits-- Overall Themes</a> <a href="#">Kittitas CD Goals and Projections (SMARTO)-2008</a> <a href="#">Mason Food Logic Model Final5-22-06</a> <a href="#">On-Site OSS Mgmt Plan</a> <a href="#">Spokane PHHS Application Narrative Steps Community Action Plan - Thurston County</a> <a href="#">Tobacco Workbook-08-09WPWB</a> <a href="#">First Steps Manual.1</a> <a href="#">PHL Food Collection Kits Dec07</a>
<b>6.2S</b>	Prevention priorities are the foundation for establishing and delivering prevention, health promotion, early intervention, and outreach services to the entire population or at-risk populations. Data from program evaluation and the analysis of health data as well as statewide issues, funding availability, experience in service delivery, and information on	<b>6.2L</b>	Prevention priorities are the foundation for establishing and delivering prevention, health promotion, early intervention, and outreach services to the entire population or at-risk populations. Data from program evaluation and the analysis of health data as well as local issues, funding availability, experience in service delivery, and information on evidence-	<a href="#">Okanogan Naccho Preconcept</a> <a href="#">NCW Trauma Project proposal</a> <a href="#">Snohomish Obesity Report</a> <a href="#">Okanogan SAIL Exercise Instructor Training Evaluation</a> <a href="#">Okanogan Fall Clinic Narrative3 (5)</a> <a href="#">Senior fall survey</a> <a href="#">TCHD HIV app</a> <a href="#">Asotin Health Disparities Logic Model</a> <a href="#">Asotin Health Disparities Report 2007</a>



Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
	evidence-based practices are used to develop prevention priorities and reduce health risks.		based practices are used to develop prevention priorities and reduce health risks.	<a href="#">Grays Harbor Strategic Plan for Public Health Education and Prevention</a> <a href="#">Kittitas County-2007-Analysis of Key Health Indicator</a> <a href="#">Lincoln Strategic Work Plan</a> <a href="#">Mason Healthiest Kids Evaluation Report</a> <a href="#">Chlamydia 10-2-07</a>
<b>6.3S</b>	Prevention and health education information of all types (including technical assistance) is reviewed at least every other year and updated, expanded, or contracted as needed based on revised regulations, changes in community needs, evidence-based practices, and health data. There is a process to: <ul style="list-style-type: none"> <li>• Organize materials</li> <li>• Develop materials</li> <li>• Distribute or select materials</li> <li>• Evaluate materials</li> <li>• Update materials</li> </ul>	<b>6.3L</b>	Prevention and health education information of all types (including technical assistance) is reviewed at least every other year and updated, expanded, or contracted as needed based on revised regulations, changes in community needs, evidence-based practices, and health data. There is a process to: <ul style="list-style-type: none"> <li>• Organize materials</li> <li>• Develop materials</li> <li>• Distribute or select materials</li> <li>• Evaluate materials</li> <li>• Update materials</li> </ul>	<a href="#">Garfield Public Materials Annual Review Procedure</a> <a href="#">Health Education Materials Review Process</a> <a href="#">Network nurse materials update summary</a> <a href="#">TPCHD Style Manual</a> <a href="#">Walla Walla Document Request, Review and Approval Process</a> <a href="#">BFHD Expanded Food Worker Card Class 2008</a> <a href="#">Clark 2007-2008 Food Safety Materials Review Report</a> <a href="#">Clark CCPH Food Program Forms and Public Material Review</a> <a href="#">Clark Log of reviewed CD fact Sheets etc.</a> <a href="#">Document Review Log</a> <a href="#">Publications Website showing how publications are organized</a> <a href="#">State HIV-AIDS Material Review panel process</a> <a href="#">Document Development and Review Process</a>

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>6.4S</b>	There is a range of methods in place to implement population-based prevention and health education in partnership with the community and stakeholders.	<b>6.4L</b>	There is a range of methods in place to implement population-based prevention and health education in partnership with the community and stakeholders.	<a href="#">MRSA and Schools Update 2007</a> <a href="#">Shelters-Soup kitchens manual</a> <a href="#">Handy 2007 Annual Report</a> <a href="#">Peer Education - Collaborative leadership overview</a>
<b>6.5S</b>	Written procedures are maintained and disseminated for how to obtain consultation and technical assistance for LHJs and other stakeholders regarding prevention policies and/or initiatives including the development, delivery, or evaluation of prevention programs and activities. Written documentation demonstrates that consultation and technical assistance have been provided.		No corresponding measure	<a href="#">PHIMS-STD Instructions Packet</a> <a href="#">Tobacco 101 Orientation Course</a> <a href="#">Method ZD program contact 2007</a>
<b>6.6S</b>	A statewide plan for prevention identifies efforts to link public and private partnerships into a network of prevention services.		No corresponding measure	No exemplary practices
<b>6.7S</b>	Prevention, health promotion, early intervention, and outreach services and activities are reviewed for compliance with evidence-based practice, professional standards, and state and federal requirements.		No corresponding measure	<a href="#">First Steps Nutrition Models Quarterly Review Form</a> <a href="#">Final Report</a>
<b>6.8S</b>	DOH supports best use of available resources for prevention services through leadership, collaboration, and communication with partners. Information about prevention evaluation results is collected and shared statewide and there is a process		No corresponding measure	No exemplary practices

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
	to inform LHJs and other stakeholders about prevention-funding opportunities.			

**STANDARD 7: HELPING COMMUNITIES ADDRESS GAPS IN CRITICAL HEALTH SERVICES**

Public health organizations convene, facilitate, and provide support for state and local partnerships intended to reduce health disparities and specific gaps in access to critical health services. Analysis of state and local health data is a central role for public health in this partnership process.

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>7.1S</b>	A list of critical health services is established, and statewide access performance measures are established and tracked. Data is collected on the access performance measures, analyzed, and reported to the LHJs and other stakeholders.		No corresponding measure	No exemplary practices
<b>7.2S</b>	Summary information is provided to LHJs and other organizations about availability/ numbers of licensed health care providers, facilities, and support services. Contact information is provided to LHJs regarding newly licensed/moved providers and facilities that are required to report notifiable conditions.		No corresponding measure	No exemplary practices
<b>7.3S</b>	Written descriptions are maintained and disseminated on how to obtain consultation and technical assistance for LHJs or communities; these describe how to gather and analyze information about barriers to accessing critical health services. Written documentation demonstrates that consultation and technical assistance have been provided.		No corresponding measure	No exemplary practices

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
	No corresponding measure	<b>7.1L</b>	Community groups and stakeholders, including health care providers, are convened to address health disparities and/or access to critical health services (including prevention services), set goals and take action, based on information about local resources and trends. This process may be led by the LHJ or it may be part of a separate community process sponsored by multiple partners, including the LHJ.	<a href="#">Whatcom Alliance for Access</a> <a href="#">BFHD BFCHA Annual Report 2007</a> <a href="#">Kitsap Behavioral Health</a> <a href="#">Spokane STD Coalition Road Map</a>
	No corresponding measure	<b>7.2L</b>	A local resource/referral list of private and public communicable disease treatment providers, providers of critical health services, and providers of preventive services is used along with assessment information to determine where detailed documentation and gap analysis of local capacity is needed.	<a href="#">Snohomish Access to Healthcare</a> <a href="#">TPCHD report 2006</a>
<b>7.4S</b>	Periodic surveys are conducted regarding the availability of critical health services and barriers to access. Gaps in access to critical health services are identified through analysis of the results of periodic surveys and other assessment information.	<b>7.3L</b>	Periodic surveys are conducted regarding the availability of critical health services and barriers to access. Gaps in access to critical health services are identified through analysis of the results of periodic surveys and other assessment information.	<a href="#">Chelan-Douglas Primary Care Provider Survey Instrument 2007</a> <a href="#">San Juan Review Summary of Findings November 2007</a> <a href="#">Spokane Mental Health Report</a>
<b>7.5S</b>	Periodic studies regarding workforce needs and the effect on critical health services are analyzed and disseminated to LHJs and other stakeholders.		No corresponding measure	No exemplary practices

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>7.6S</b>	Program and activity planning processes, contracts, and access initiatives reflect coordination of health service delivery among health care providers as well as linkage of individuals to medical homes.	<b>7.4L</b>	Local planning processes, contracts, and access initiatives reflect coordination of health service delivery among health care providers as well as linkage of individuals to medical homes.	<a href="#">PHSKC CHI Outreach Feb 2008 Report</a>
<b>7.7S</b>	Information about access barriers affecting groups within the state is shared with other state agencies that pay for or support critical health services.		No corresponding measure	No exemplary practices
<b>7.8S</b>	Protocols are developed for implementation by LHJs, state agencies, and other stakeholders to maximize enrollment and participation in available insurance coverage.		No corresponding measure	No exemplary practices



## STANDARD 8: PROGRAM PLANNING AND EVALUATION

Public health programs and activities identify specific goals, Objectives, and performance measures and establish mechanisms for regular monitoring, reporting, and use of results.

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>8.1S</b>	There is a planned, systematic process in which every program and activity, whether provided directly or contracted, has written goals, objectives, and performance measures. Professional requirements, knowledge, competencies, skills, and abilities for staff working in the program are identified. Consultation to LHJs or other stakeholders is addressed in goals, objectives, and/or performance measures.	<b>8.1L</b>	There is a planned, systematic process in which every program and activity, whether provided directly or contracted, has written goals, objectives, and performance measures. Professional requirements, knowledge, skills, and abilities for staff working in the program are identified.	<a href="#">Clark EH Food Safety Program 2007-2008 Goals and Objectives</a> <a href="#">Kitsap Food Workplan 2008 Strengthening Families Measurable Goals, etc. 2007</a> <a href="#">Food Safety Program 2008 Goals Wastewater Strategic Plan</a> <a href="#">Zoonotic Disease Program Plan Goals, Objectives, PMs, logic models Strategic Plan for Agency</a>
<b>8.2S</b>	Program performance measures are tracked, and the data are analyzed and used to change and improve program activities and services and/or revise curricula/materials. Regular reports document the progress toward goals.	<b>8.2L</b>	Program performance measures are tracked, and the data are analyzed and used to change and improve program activities and services and/or revise curricula/materials. Regular reports document the progress toward goals.	<a href="#">Tobacco Program Performance and Trends</a> <a href="#">Jefferson 2007 Performance Measures Report CD</a> <a href="#">San Juan 2007 Year End Report- Review of EH Goals and Measures</a> <a href="#">Clark Food Safety Summary of Inspections performed vs Inspections Required</a> <a href="#">Clark QA Review -- Skamania Food Program Temporary Events</a> <a href="#">NBS QI Measures</a> <a href="#">Report Program Performance HMAP March 2007</a>
<b>8.3S</b>	Additional sources of information including experience from service delivery, funding availability, and information on evidence- based practices are used to improve services	<b>8.3L</b>	Additional sources of information, including experiences from service delivery, funding availability, and information on evidence- based practices are used to improve services	<a href="#">BFHD Program Evaluation Log--WACKy Wednesday</a> <a href="#">Chelan-Douglas Survey Results</a> <a href="#">Executive Summary from MRSA Report</a>

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
	and activities. Experience from service delivery may include public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/ Inspections, prevention, and health education activities.		and activities. Experience from service delivery may include public requests, testimony to the BOH, analysis of health data, and information from outreach, screening, referrals, case management, follow-up, investigations complaint/inspections, prevention, and health education activities.	
<b>8.4S</b>	Where specific community collaborative projects are initiated, including those addressing access to critical health services, there is analysis of data; establishment of goals, objectives, and performance measures; and evaluation of the initiatives.	<b>8.4L</b>	Where specific community collaborative projects are initiated, including those addressing access to critical health services, there is analysis of data; establishment of goals, objectives, and performance measures; and evaluation of the initiatives.	<a href="#">Untold Mission 2006</a> <a href="#">UNTOLD Debrief Meeting Minutes 4-5-2007</a> <a href="#">Wastewater MRA Guidance</a> <a href="#">Wastewater OSS Local Management Plan Guide</a>
<b>8.5S</b>	Customer service standards are established for all employees with a job function that requires them to interact with the general public, stakeholders, and partners. Staff and program performance measures are established, and evaluation of customer service standards is conducted.	<b>8.5L</b>	Customer service standards are established for all employees with job functions that require them to interact with the general public, stakeholders, and partners. Staff and program performance measures are established, and evaluation of customer service standards is conducted.	<a href="#">Clark 2007 WIC Survey Results WIC 2007 Survey Results</a> <a href="#">Clark WIC 2007 Survey Results report</a> <a href="#">Customer Service Standards and Survey</a> <a href="#">Garfield Client satisfaction survey template</a> <a href="#">Immunization Program 2007 Client Satisfaction Survey Results</a> <a href="#">Lincoln LCHD Customer Service Survey</a> <a href="#">PHSKC Cares Standards</a> <a href="#">PHSKC Client Satisfaction Graphed Reports</a> <a href="#">PHSKC Customer Service Improvement Summary</a> <a href="#">Spokane Clinic External Customer Service Survey</a> <a href="#">Customer Service Standards</a>

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>8.6S</b>	Workshops, other in-person trainings (including technical assistance), and other health education activities are evaluated by those organizing the activity to determine effectiveness. Curricula/materials are revised based on results.	<b>8.6L</b>	Workshops, other in-person trainings (including technical assistance), and other health education activities are evaluated by those organizing the activity to determine effectiveness. Curricula/materials are revised based on results.	<a href="#">Clallam Homeowner questionnaire2007</a> <a href="#">Clallam Septic 101 Updates and Changes</a> <a href="#">Clark VGE Presentation Evaluation</a> <a href="#">Spokane Training Evaluation</a>
<b>8.7S</b>	Statewide templates for documentation and data collection are provided for LHJs and other contractors to support performance measurement.		No corresponding measure	No exemplary practices
<b>8.8S</b>	Written descriptions are maintained and disseminated for how to obtain consultation and technical assistance for LHJs or state programs regarding program evaluation; written documentation demonstrates that consultation and technical assistance have been provided.		No corresponding measure	<a href="#">TB Conference</a> <a href="#">Program Review-Self Assessment</a>
<b>8.9S</b>	An annual internal audit, using a sample of records (e.g., communicable disease investigations, environmental health, or other investigation/compliance actions) is done to gather data on timeliness and compliance with disease-specific protocols, investigation/ compliance procedures, or other program protocols.	<b>8.7L</b>	An annual internal audit, using a sample of records (e.g., communicable disease investigations, environmental health, or other investigation/compliance actions) is done to gather data on timeliness and compliance with disease-specific protocols, investigation/ compliance procedures or, other program protocols.	<a href="#">Clark 2006 and 2007 File Audit on All Retail Food Facilities probation or Closed</a> <a href="#">Clark 2006 and 2007 File Audit on All Retail Food Facilities probation or Closed</a> <a href="#">Communicable Disease Audit Report for 2006 &amp; 2007</a> <a href="#">Grays Harbor CD Audit Sheet</a> <a href="#">Grays Harbor TB Audit Sheet</a> <a href="#">Food Recall Response Audit</a>

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>8.10S</b>	Coordination is provided for a state and local debriefing to evaluate extraordinary events that required a multi-agency response; a written summary of evaluation findings and recommendations is disseminated statewide.		No corresponding measure	
<b>8.11S</b>	An after-action evaluation is conducted for each significant outbreak, environmental event, natural disaster, tabletop exercise, or other public health emergency. Stakeholders are convened to assess how the event was handled, document what worked well, identify issues, and recommend changes in response procedures and other process improvements. The evaluation includes a review of the accessibility of essential public health services. Communicable disease, environmental health, and other public health staff are included in the evaluation, and feedback is solicited from appropriate stakeholders, such as hospitals, providers, and involved community organizations.	<b>8.8L</b>	An after-action evaluation is conducted for each significant outbreak, environmental event, natural disaster, tabletop exercise, or other public health emergency. Stakeholders are convened to assess how the event was handled, document what worked well, identify issues, and recommend changes in response procedures and other process improvements. The evaluation includes a review of the accessibility of essential public health services. Communicable disease, environmental health, and other public health staff are included in the evaluation, and feedback is solicited from appropriate stakeholders, such as hospitals, providers, and involved community organizations.	<a href="#">Spokane 2007 Region 9 Functional Exercise AAR</a> <a href="#">Spokane Regional Commo Exercise AAR</a> <a href="#">Mason County Mass Vaccination Clinic 2007</a> <a href="#">Grant MLSD Influenza Outbreak Evaluation sheet</a>
<b>8.12S</b>	Issues identified in after-action evaluations are used for process improvement in some or all of the following areas: <ul style="list-style-type: none"> <li>• Monitoring and tracking processes</li> <li>• Disease-specific protocols</li> <li>• Investigation/compliance procedures</li> </ul>	<b>8.9L</b>	Issues identified in after-action evaluations are used for process improvement in some or all of the following areas: <ul style="list-style-type: none"> <li>• Monitoring and tracking processes</li> <li>• Disease-specific protocols</li> <li>• Investigation/compliance procedures</li> <li>• Laws and regulations</li> </ul>	<a href="#">Issue Tracking Database</a>

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
	<ul style="list-style-type: none"> <li>• Laws and regulations</li> <li>• Staff roles</li> <li>• Communication efforts</li> <li>• Access to essential public health services</li> <li>• Emergency preparedness and response plans</li> <li>• Other LHJ plans, such as facility/operations plan</li> </ul> <p>Recommended changes are addressed in future organizational goals and objectives.</p>		<ul style="list-style-type: none"> <li>• Staff roles</li> <li>• Communication efforts</li> <li>• Access to essential public health services</li> <li>• Emergency preparedness and response plans</li> <li>• Other LHJ plans, such as facility/operations plan</li> </ul> <p>Recommended changes are addressed in future organizational goals and objectives.</p>	

**STANDARD 9: FINANCIAL AND MANAGEMENT SYSTEMS**

Effective financial and management systems are in place in all public health organizations.

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>9.1S</b>	The budget is aligned with the organization's strategic plan, reflects organizational goals, and is monitored on a regular basis. All available revenues are considered and collected.	<b>9.1L</b>	The budget is aligned with the organization's strategic plan, reflects organizational goals, and is monitored on a regular basis. All available revenues are considered and collected.	<a href="#">Kitsap AREH</a> <a href="#">Kitsap AR Write Off</a> <a href="#">Kitsap Budget Matrix</a> <a href="#">Kitsap Rev Expend Sum</a> <a href="#">2007-2008 Work Plan</a> <a href="#">Asotin Tracking Calendar 208 template</a> <a href="#">Kitsap ARCH</a>
<b>9.2S</b>	Contracts are reviewed for legal requirements. Contracts are monitored for compliance with performance requirements.	<b>9.2L</b>	Contracts are reviewed for legal requirements. Contracts are monitored for compliance with performance requirements.	<a href="#">PCAF 3rd Qtr 2007 Monitoring Report</a> <a href="#">Deliverable Tracking Sheet</a> <a href="#">Contracts Desk Manual Excerpts</a>



## STANDARD 10: HUMAN RESOURCE SYSTEMS

Human resource systems and services support the public health workforce.

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>10.1S</b>	Workplace policies promoting diversity and cultural competence, describing methods for compensation decisions, and establishing personnel rules and recruitment and retention of qualified and diverse staff are in place and available to staff.	<b>10.1L</b>	Workplace policies promoting diversity and cultural competence, describing methods for compensation decisions, and establishing personnel rules and recruitment and retention of qualified and diverse staff are in place and available to staff.	<a href="#">Kitsap Recruitment Proc</a>
<b>10.2S</b>	Job descriptions are available to staff, performance evaluations are done, and performance improvement plans exist that promote learning and development for individual employees. Each employee has a training plan that is updated annually and includes the training needed for competent performance of job requirements.	<b>10.2L</b>	Job descriptions are available to staff, performance evaluations are done, and performance improvement plans exist that promote learning and development for individual employees. Each employee has a training plan that is updated annually and includes the training needed for competent performance of job requirements.	<a href="#">Snohomish Performance Tool</a> <a href="#">Spokane Supervisor Orientation Checklist for New Employees</a> <a href="#">Kitsap Super Guide Eval</a>
<b>10.3S</b>	The organization has a written description of how it assures that employees have the appropriate licenses, credentials, and experience to meet job qualifications and perform job requirements.	<b>10.3L</b>	The organization has a written description of how it assures that employees have the appropriate licenses, credentials, and experience to meet job qualifications and perform job requirements.	<a href="#">Hiring Process 080430</a> <a href="#">PHSKC About Credentials</a>
<b>10.4S</b>	Staff training is provided, as appropriate, including but not limited to the following topics: <ul style="list-style-type: none"> <li>• Assessment and data analysis</li> <li>• Program evaluation to assess program effectiveness</li> <li>• Confidentiality and HIPAA requirements</li> </ul>	<b>10.4L</b>	Staff training is provided, as appropriate, including but not limited to the following topics: <ul style="list-style-type: none"> <li>• Assessment and data analysis</li> <li>• Program evaluation to assess program effectiveness</li> <li>• Confidentiality and HIPAA requirements</li> </ul>	<a href="#">Clark CCPH Food Safety Training Log</a> <a href="#">Clark CD Staff Training Log--excel</a> <a href="#">On Site Student Transcript 2</a> <a href="#">Spokane Training Attendance2-08</a> <a href="#">Spokane Training Topics</a> <a href="#">CD Course Analysis Report</a> <a href="#">ORP Course list for all staff - 2005 to 2008</a>

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
	<ul style="list-style-type: none"> <li>• Communications, including risk and media relations</li> <li>• State laws/regulations/policies including investigation/compliance procedures</li> <li>• Specific EPRP duties</li> <li>• Community involvement and capacity- building methods</li> <li>• Prevention and health promotion methods and tools</li> <li>• Quality Improvement methods and tools</li> <li>• Customer service</li> <li>• Cultural competency</li> <li>• Information technology tools</li> <li>• Leadership</li> <li>• Supervision and coaching</li> <li>• Job-specific technical skills</li> <li>• Training is evidenced by documentation of learning content and specific staff participation or completion.</li> </ul>		<ul style="list-style-type: none"> <li>• Communications, including risk and media relations</li> <li>• State and local laws/regulations/policies including investigation/compliance procedures</li> <li>• Specific EPRP duties</li> <li>• Community involvement and capacity- building methods</li> <li>• Prevention and health promotion methods and tools</li> <li>• Quality Improvement methods and tools</li> <li>• Customer service</li> <li>• Cultural competency</li> <li>• Information technology tools</li> <li>• Leadership</li> <li>• Supervision and coaching</li> <li>• Job-specific technical skills</li> <li>• Training is evidenced by documentation of learning content and specific staff participation or completion.</li> </ul>	<a href="#">Wastewater Summary of Staff Training</a> <a href="#">IDRH Assessment Unit Training</a>
<b>10.5S</b>	There are written policies regarding confidentiality, including HIPAA requirements, and every employee required per policies has signed a confidentiality agreement.	<b>10.5L</b>	There are written policies regarding confidentiality, including HIPAA requirements, and every employee required per policies has signed a confidentiality agreement.	<a href="#">Privacy Policies</a>
<b>10.6S</b>	Facilities and work processes are compliant with ADA requirements.	<b>10.6L</b>	Facilities and work processes are compliant with ADA requirements.	<a href="#">PHSKC KC ADA Compliance Plan Reasonable Accommodation</a>

## STANDARD 11: INFORMATION SYSTEMS

Information systems support the public health mission and staff by providing infrastructure for data collection, analysis, and rapid communication.

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>11.1S</b>	Information technology documentation describes processes in place for assuring protection of data (passwords, firewalls, backup systems) and data systems to address security, redundancy, and appropriate use. There is documentation of monitoring these processes for compliance.	<b>11.1L</b>	Information technology documentation describes processes in place for assuring protection of data (passwords, firewalls, backup systems) and data systems to address security, redundancy, and appropriate use. There is documentation of monitoring these processes for compliance.	<a href="#">PHSKC Info Systems Security Incident Report - Form v7-19-5 FLR</a> <a href="#">PHSKC Safeguard Site Assessment Checklist 6-07 FINAL jg</a> <a href="#">Spokane FPP - Security-Sys Access Policy</a> <a href="#">Spokane SRHD Information Technology Disaster Recovery</a> <a href="#">PHSKC Computing Device Risk Assessment Proc v6-6-05 FLR</a> <a href="#">PHSKC Computing Device Use Policy v7-25-05 FLR</a> <a href="#">DOH Policy</a> <a href="#">Network Infra Sec Stnds</a> <a href="#">Password Report</a> <a href="#">WSDOH-SA ISB Compliance Memo 09-28-06</a> <a href="#">Access Control Standards</a> <a href="#">Alternate Site Project Plan</a> <a href="#">Backup Standards</a> <a href="#">Data Security Standards</a>
<b>11.2S</b>	Computer hardware, software (e.g., word processing, spreadsheets with basic analysis capabilities, databases, email, and Internet access), and trained staff are available to assist public health staff.	<b>11.2L</b>	Computer hardware, software (e.g., word processing, spreadsheets with basic analysis capabilities, databases, email, and Internet access), and trained staff are available to assist public health staff.	<a href="#">PHSKC Welcome To Public Health Workstation Standards</a>

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>11.3S</b>	Strategies for use of future technologies are part of the organization's IS plan.	<b>11.3L</b>	Strategies for use of future technologies are part of the organization or county IS plan.	<a href="#">Snohomish SHD RFP 2008-001</a> <a href="#">TPCHD IT Strat plan 2008-2012</a> <a href="#">Whatcom Countywide Information Technology Strategic Plan</a> <a href="#">Kitsap Common Ground</a> <a href="#">PHSKC DPH Service Delivery Plan</a> <a href="#">DIRM Strategic Plan Draft</a>
<b>11.4S</b>	The DOH program website contains, but is not limited to: <ul style="list-style-type: none"> <li>• 24-hr contact number for reporting health emergencies</li> <li>• Notifiable conditions line and/or contact</li> <li>• Health data and core indicator information</li> <li>• How to obtain technical assistance and consultation from DOH</li> <li>• Links to legislation, regulations, codes, and ordinances</li> <li>• Information and materials on communicable disease, environmental health, and prevention activities or links to other sites where this information is available</li> <li>• A mechanism for gathering user feedback on the usefulness of the website</li> </ul>	<b>11.4L</b>	The local jurisdiction (may be part of county) website contains, but is not limited to: <ul style="list-style-type: none"> <li>• 24-hr contact number for reporting health emergencies</li> <li>• Notifiable conditions line and/or contact</li> <li>• Health data and core indicator information</li> <li>• How to obtain technical assistance and consultation from the LHJ</li> <li>• Links to legislation, regulations, codes, and ordinances</li> <li>• Information and materials on communicable disease, environmental health, and prevention activities or links to other sites where this information is available</li> </ul>	No exemplary practices
<b>11.5S</b>	Written policies, including data-sharing agreements, govern the use, sharing, and transfer of data within DOH and with LHJs and partner organizations; all program data are submitted to local, state, regional, and federal agencies in a confidential and secure manner.	<b>11.5L</b>	Written policies, including data-sharing agreements, govern the use, sharing, and transfer of data within the LHJ and among LHJs and partner organizations, and all program data are submitted to local, state, regional, and federal agencies in a confidential and secure manner.	<a href="#">Snohomish Physical-Safeguards</a> <a href="#">Thurston Fax Policy</a> <a href="#">Transmitting Protected Hlth Information</a> <a href="#">Releasing and Obtaining Health Care Information</a> <a href="#">External Information Sharing Agreement</a>

## STANDARD 12: LEADERSHIP AND GOVERNANCE

Leadership and governance bodies set organizational policies and direction and assure accountability.

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
<b>12.1S</b>	<p>The State Board of Health (SBOH):</p> <ul style="list-style-type: none"> <li>• Orients new members to SBOH and sponsors orientation for local BOHs</li> <li>• Sets operating rules including guidelines for communications with senior managers in local and state organizations</li> <li>• Votes on and documents actions it takes</li> </ul>	<b>12.1L</b>	<p>The governing body/local board of health (BOH):</p> <ul style="list-style-type: none"> <li>• Orients new members</li> <li>• Sets operating rules including guidelines for communications with senior managers</li> <li>• Votes on and documents actions it takes</li> </ul>	<a href="#">Kitsap BOH Orientation</a> <a href="#">PHSKC BOH Operating Rules</a> <a href="#">Snohomish HO-BOH Oath County</a> <a href="#">Snohomish HO-Charter Title Page</a> <a href="#">Template for BOH program presentations w-edits</a> <a href="#">Agenda Item Summary</a> <a href="#">AIS Tobacco update</a> <a href="#">Board Briefing Presentation Form</a> <a href="#">Board of Health Agenda Planner</a>
	No corresponding measure	<b>12.2L</b>	<p>The BOH receives a report annually on health data that includes the statewide health indicators as well as data about community health status, communicable disease, environmental health risks and related illness, and access to critical health services, with recommended actions for health policy decisions. Actions taken by the BOH are documented.</p>	<a href="#">BOH Study Session 0108</a> <a href="#">Chelan-Douglas 2006 Report to Board</a> <a href="#">PHSKC BOH Indicators Presentation</a> <a href="#">2006 Accomplishments</a> <a href="#">BFHD Board of Health Comment Sheet</a>
	No corresponding measure	<b>12.3L</b>	<p>Progress toward program goals is reported annually to the BOH via a single compiled report or multiple program reports throughout the year.</p>	<a href="#">Clark BOH meeting minutes Sept 2007</a> <a href="#">PHSKC ML and TF staff report 1-17-08</a> <a href="#">PHSKC ML and TF staff report 9-20-07</a> <a href="#">BOH MINS 040407 2006</a> <a href="#">Accomplishments</a> <a href="#">Clark BOH meeting minutes July 2007</a> <a href="#">Clark BOH meeting minutes Oct 2007</a>

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
	No corresponding measure	<b>12.4L</b>	Recommendations based on evaluation of each significant outbreak, environmental event, natural disaster, tabletop exercise, or other public health emergency are reported to the BOH.	<a href="#">PHSKC Emergency preparedness staff report</a> <a href="#">Tahoma Resilience After Action Board of Health Minutes May 2006</a> <a href="#">Tahoma Resilience</a>
<b>12.2S</b>	There are written guidelines for effective assessment and management of clinical and financial risk; the organization has obtained insurance coverage specific to assessed risk.	<b>12.5</b>	There are written guidelines for effective assessment and management of clinical and financial risk, and the organization has obtained insurance coverage specific to assessed risk.	<a href="#">Spokane Liability Quest</a> <a href="#">Kitsap Risk Management</a>
<b>12.3S</b>	An organization-wide strategic/operations plan is developed that includes: <ul style="list-style-type: none"> <li>• Vision and mission statements</li> <li>• Goals, objectives, and performance measures</li> </ul>	<b>12.6L</b>	An organization-wide strategic/operations plan is developed that includes: <ul style="list-style-type: none"> <li>• Vision and mission statements</li> <li>• Goals, objectives, and performance measures for priorities or initiatives</li> </ul>	<a href="#">DOH Strategic Plan</a> <a href="#">Spokane Strategic Workplan</a> <a href="#">TPCHD 2007 Work Plan—Quarterly Reporting Form</a> <a href="#">Lincoln Strategic Work Plan</a> <a href="#">PHSKC Appendix B - Performance Measure Reporting Form</a>
<b>12.4S</b>	The strategic plan includes objectives regarding: <ul style="list-style-type: none"> <li>• Assessment activities and the resources needed, such as staff or outside assistance, to perform the work</li> <li>• Use of health data to support health policy and program decisions</li> <li>• Addressing communicable disease, environmental health events, or other public health emergencies, including response and communication issues identified in the course of after-action</li> </ul>	<b>12.7L</b>	The strategic plan includes objectives regarding: <ul style="list-style-type: none"> <li>• Assessment activities and the resources needed, such as staff or outside assistance, to perform the work</li> <li>• Use of health data to support health policy and program decisions</li> <li>• Addressing communicable disease, environmental health events, or other public health emergencies, including response and communication issues identified in the course of after-action evaluations</li> </ul>	<a href="#">Clark Strategic Initiatives Activities</a>

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
	<ul style="list-style-type: none"> <li>evaluations</li> <li>Prevention priorities intended to reach the entire population or at-risk populations in the population</li> </ul>		<ul style="list-style-type: none"> <li>Prevention priorities intended to reach the entire population or at-risk populations in the population</li> </ul>	
	No corresponding measure	<b>12.8L</b>	The strategic plan is adopted by the BOH.	<a href="#">BOH Strategic Planning Orientation</a>
<b>12.5S</b>	<p>There is a written quality improvement plan in which:</p> <ul style="list-style-type: none"> <li>Specific objectives address opportunities for improvement identified through health data including the core indicators, program evaluations, outbreak response or after-action evaluations, or the strategic planning process</li> <li>Objectives may be program-specific and tied to the program evaluation process, or they may reach across programs and activities for operational improvements that impact much of the organization</li> <li>Objectives identify timeframes for completion and responsible staff</li> <li>Objectives have performance measures established</li> </ul>	<b>12.9L</b>	<p>There is a written quality improvement plan in which:</p> <ul style="list-style-type: none"> <li>Specific objectives address opportunities for improvement identified through health data including the core indicators, program evaluations, outbreak response or after-action evaluations, or the strategic planning process</li> <li>Objectives may be program-specific and tied to the program evaluation process, or they may reach across programs and activities for operational improvements that impact much of the organization</li> <li>Objectives identify timeframes for completion and responsible staff</li> <li>Objectives have performance measures established</li> </ul>	<a href="#">Spokane Selected Quality Improvement Log 2008 Current Log</a> <a href="#">Spokane SRHD QI Final Plan Jan 08 inc Append</a> <a href="#">BOH SM SS - QI Quarterly Report - 101707</a> <a href="#">Mason County Public Health Written Quality Improvement Plan</a> <a href="#">QI plan</a> <a href="#">Spokane QI Tracking Form</a>
<b>12.6S</b>	<p>Annual review of the quality improvement plan includes:</p> <ul style="list-style-type: none"> <li>Performance measures are tracked, reported, and used to assess the impact of improvement actions</li> <li>Meaningful improvement is</li> </ul>	<b>12.10L</b>	<p>Annual review of the quality improvement plan includes:</p> <ul style="list-style-type: none"> <li>Performance measures are tracked, reported, and used to assess the impact of improvement actions</li> <li>Meaningful improvement is demonstrated in at least one</li> </ul>	No exemplary practices

Department of Health/ State Board of Health Measures		Local Health Jurisdiction Measures		Exemplary Practices
	<p>demonstrated in at least one objective</p> <ul style="list-style-type: none"> <li>Revision of the plan with new, revised, and deleted objectives is made based upon the review</li> </ul>		<p>objective</p> <ul style="list-style-type: none"> <li>Revision of the plan with new, revised, and deleted objectives is made based upon the review</li> </ul>	